MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE				
APPLICANT(S)					

CLAIMS

	AS FILED		1st AME	TER NDMENT	AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		ļ				
_ 2						
3		l i				
4						
5						
6						
7		1			-	
8				1		
9		!				
10				 		
11		 	<u> </u>	 		
12		 		-		
13		 				
14		ļ		 		
				 		
15						
16						
17						
18						
19						
20						
21						
22				<u> </u>		
23						
24						
25				T		
26						
27						
28						
29						
30						
31				-		
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						***************************************
46						
47						
48						
49						
50						
TOTAL	20°)	<u> </u>		 _ 		
IND.	A provider			」_₽ │		_1
TOTAL DEP.	- 5	_		-		-
TOTAL CLAIMS		100				

10		* *				*		
		IND.	DEP.	IND.	DEP.	IND,	DEP.	
	51							
	52							
	53							
	54							
	55							
	56							
	57							
	58				ļ			
	59							
	60							
	61							
	62							
	63							
i	64							
1	65				ļ			
Ì	66				ļ			
	67				ļ			
	68					ļ		
	69			ļ				
- {	70					ļ		
-	71						ļ	
-	72						ļ	
ŀ	73 74							
ŀ						ļ		
ł	75					<u> </u>	ļ	
ŀ	76					 		
ŀ	77					ļ		
ł	78							
ŀ	79					ļ		
ŀ	80 81					ļ		
ŀ	82							
ŀ	83							
ŀ	84							
-	85							
ŀ	86							
ŀ	87							
ŀ	88				•			
-	89							
ŀ	90							
ŀ	91				-			
ŀ	92							
-	93				· · · · · · · · · · · · · · · · · · ·			
ŀ	94							
ŀ	95							
ŀ	96				· ·			
ŀ	97							
ŀ	98							
+	99							
t	100							
ŀ	TOTAL							
1	IND.		4		— 1		– 1	
L	TOTAL DEP.							
L	TOTAL CLAIMS							
١.,	OFWIND		لليستند	I			•	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS